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TO:

FROM:

Name: Mail Stop AF

Name: Amedeo F. Ferraro, Esq.

Group Art Unit 3772

Examiner Michael A. Brown

Firm: U.S. Patent & Trademark Office

Phone No.: 310-286-9800

Date: July 26, 2007

Fax No.: 571-273-8300

No. of Pages (including this): 10

Subject: U.S. Patent Application No. 08/480,461

Gary K. Michelson

Filed: June 7, 1995

INSTRUMENTATION FOR THE SURGICAL CORRECTION OF HUMAN THORACIC AND

LUMBAR SPINAL DISEASE FROM THE LATERAL ASPECT OF THE SPINE

Attorney Docket No. 102.0010-01000

Customer No. 22882 Confirmation No.: 9274 Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$500.00 total amount to cover the Notice of Appeal fee is to be charged to Deposit Account No. 50-3726), Notice of Appeal, Form PTO/SB/33, and Pre-Appeal Brief Request for Review are being facsimile transmitted to the U.S. Patent and Trademark Office on July 26, 2007.

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FORM PTO-1083

Attorney Docket No.: 102.0010-01000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

3102862795

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In reapplication of:

Gary K. Michelson, M.D.

Serial No: 08/480,461 Filed: June 7, 1995

For: INSTRUMENTATION FOR THE

SURGICAL CORRECTION OF HUMAN THORACIC AND LUMBAR SPINAL DISEASE FROM THE LATERAL ASPECT OF THE SPINE Confirmation No.: 9274

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Art Unit: 3772

Examiner: Michael A. Brown

Mail Stop AF Commissioner for Patent P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir.

	nsmitted herewith is a Notice of Appeal in reply to the Final Office Action dated June 27, 7 in the above-identified application.
	No additional fee is required.
	Applicant hereby requests a ***-month extension of time to respond to the above office action.
\boxtimes	Form PTO/SB/33 and Pre-Appeal Brief Request for Review are enclosed.
X	The total amount of \$500.00 to cover the Notice of Appeal fee is to be charged to Deposit Account No. 50-3726.
\boxtimes	The Commissioner Is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
	Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
	Respectfully submitted,
	MADTIN 9 FEDDADO LLD

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